



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Herald Brock et al.
Appl. No.: 09/801,400
Filed: March 7, 2001
Title: SYSTEM FOR SUPPRESSING INSTABILITIES IN AN OPTICAL
WAVELENGTH DIVISION MULTIPLEX RING NETWORK
Art Unit: 2633
Examiner: Reza Sedighian
Docket No.: 112740-00191

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE UNDER 37 C.F.R. §1.111



Sir:

In response to the Office Action dated June 1, 2005, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.

JPW AF

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 112740-191	
Applicant(s): Brock, et al.					
Application No. 09/801,400	Filing Date March 7, 2001	Examiner Reza Sedighian	Customer No. 29177	Group Art Unit 2633	Confirmation No. 4054
Invention: SYSTEM FOR SUPPRESSING INSTABILITIES IN AN OPTICAL WAVELENGTH DIVISION MULTIPLEX RING NETWORK					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	6 -	6 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	1 -	1 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-1818					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
<div style="text-align:center"> _____ Signature</div>			Dated: September 1, 2005		
Peter Zura Reg. No. 48,196 Customer No.: 29177			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p>September 1, 2005 (Date)</p><div style="text-align:center"> _____ Signature of Person Mailing Correspondence Heather Foster</div><p style="text-align:center">Typed or Printed Name of Person Mailing Correspondence</p></div>		
cc:					